24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Freedom Partners Action Fund, Inc.	C C00564765
	C 600304703
Check if 24-hour report	
Full Name of Payee	Date of Public Distribution/Dissemination
FP1 STRATEGIES LLC	09 20 2016
Mailing Address PO BOX 16504	Amount
City State Zip Code	12000.00
ALEXANDRIA VA 22302	Transaction ID : SE24.891 Date of Disbursement or Obligation
Purpose of Expenditure TV/MEDIA PRODUCTION Category/ Type	09 / 20 / 2016
Name of Federal Candidate Support	Office Sought: House District:
CATHERINE CORTEZ MASTO Oppose	President Senate State: NV
Calcinati Total To Bato	Disbursement For: Primary
Full Name of Payee 1360	Date of Public Distribution/Dissemination
	09 / 20 / 2016
Mailing Address PO BOX 37046	Amount
City State Zip Code	20153.00
BALTIMORE MD 21297	Transaction ID : SE24.885 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA PLACEMENT - SATELLITE Category/ Type	M 09 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Office Sought: House District:
CATHERINE CORTEZ MASTO Oppose	President Senate State: NV
	Disbursement For: Primary General Other (specify) Other
-	
(a) SUBTOTAL of Itemized Independent Expenditures	32153.00
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	•
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Thomas F. Maxwell III [Electronically Filed] Date	09 21 2016
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 3 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	EC IDENTIFICATION NUMBER ▼	
Freedom Partners Action Fund, Inc.	C C00564765	
Check if 24-hour report		
Full Name of Payee Date of	Public Distribution/Dissemination	
I360		
Mailing Address PO BOX 37046 Amount		
City State Zip Code	582000.00	
Date of	ction ID : SE24.886 Disbursement or Obligation	
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE Category/ Type	09 / 15 / 2016	
Name of Federal Candidate Support Office Sought:	House District:	
CATHERINE CORTEZ MASTO CATHERINE CORTEZ MASTO President	state: NV	
Calendar Year-To-Date Per Election for Office Sought Disbursement F 2016 Other	For: Primary	
	Public Distribution/Dissemination	
	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1601 WILLOW ROAD Amount	i	
City State Zip Code	100.00	
Date of	tion ID : SE24.001 Disbursement or Obligation	
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL (Estimate) Category/ Type	M / D = D / Y = Y = Y	
Name of Federal Candidate Support Office Sought:	House District:	
CATHERINE CORTEZ MASTO Presiden Presiden	state: NV	
Calendar Year-To-Date Per Election for Office Sought Disbursement I 2016 Oth	For: Primary ✗ General ner (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	7 1 7 1 7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Thomas F. Maxwell III [Electronically Filed] Date 09	21 / 2016	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ Freedom Partners Action Fund, Inc. C00564765 24-hour report ¥ 48-hour report X New report Amends report filed on Check if Full Name of Payee Date of Public Distribution/Dissemination TWITTER INC. 2016 09 20 Mailing Address 1355 MARKET STREET Amount STE. 900 State Zip Code City 100.00 CA 94103 Transaction ID: SE24.002 SAN FRANCISCO Date of Disbursement or Obligation Purpose of Expenditure Category/ MEDIA PLACEMENT - DIGITAL (Estimate) Type Name of Federal Candidate Office Sought: Support House District: CATHERINE CORTEZ MASTO NV Oppose **X** Senate President State: Disbursement For: Primary **✗** General Calendar Year-To-Date 2016 7007482.90 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Mailing Address Amount City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Type Name of Federal Candidate Support Office Sought: House District: Oppose President Senate State: Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 100.00 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... 614353.00 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Thomas F. Maxwell III [Electronically Filed] 09 21 2016 Date Signature

PAGE

OF